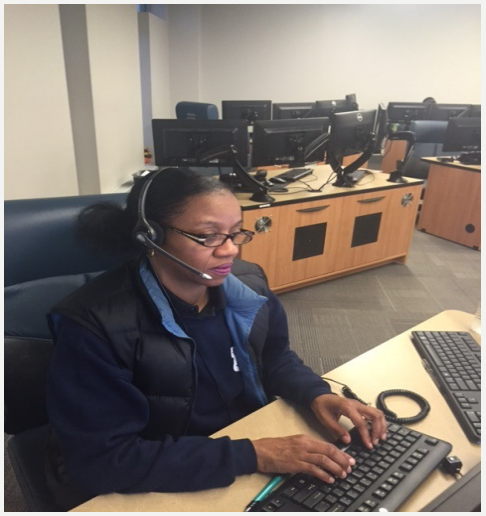
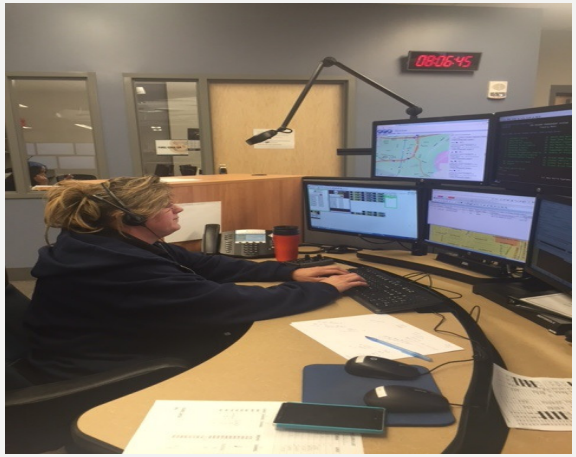
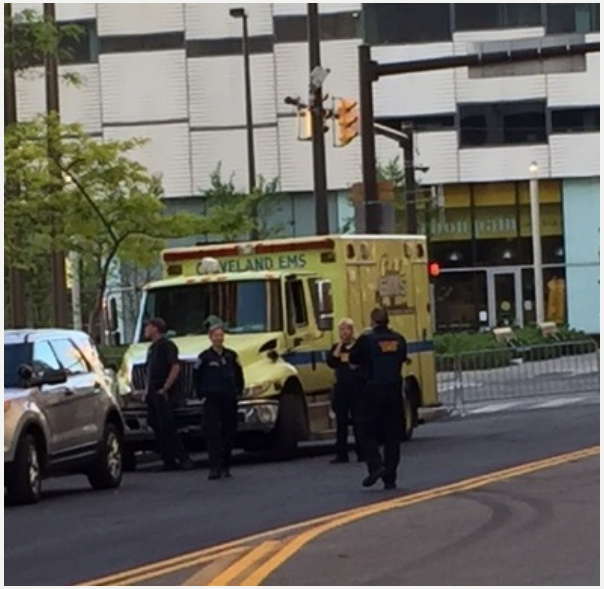
CDP TELECOMMUNICATOR TRAINING
CRISIS INTERVENTION TEAM TRAINING 2019







TRAINING GOAL

The goal of this course is to learn about communicating with people who are in crisis.

TRAINING OBJECTIVES

- Role of the Crisis Intervention Team Officer
- Definition of crisis
- Signs and symptoms of mental illness
- Active Listening Skills
- Suicide Prevention
- Vicarious Trauma and Self-Care

CIT DEFINITION

- The **Crisis Intervention Team** (CIT) is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. The CIT Model was first developed in Memphis and has spread throughout the country.
- CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system.
- Basic Goals are to Improve Officer and Consumer Safety and Redirect Individuals with Mental Illness from the Judicial System to the Health Care System.

Source: CIT International, Inc.

CIT OFFICER AND THE ROLE OF THE TELECOMMUNICATOR

1. First line of contact with the public
2. Gather as much information as possible to assist the officer
3. Relay any and all pertinent information to the officer as soon as possible
4. Know who the CIT officers are by reviewing the Car Plan log every shift, every day

CIT OFFICER AND THE ROLE OF THE TELECOMMUNICATOR

- When available, dispatch a Specialized CIT officer to known, or possible, crisis incidents. When Specialized CIT officer is not available, these assignments shall be dispatched to the first available 2-person zone car and a Specialized CIT officer shall be dispatched as soon as possible.
- Calls that appear to involve an individual in crisis shall be dispatched immediately.
- If a Specialized CIT officer is on a low priority call, he/she shall be re-assigned to the crisis incident.
- Upon request, Specialized CIT officers may be utilized in another district with permission from the officer's sector supervisor.
- Telecommunicators shall advise officers if the subject is in crisis and/or a juvenile, if known.

CRISIS INTERVENTION TEAM PROGRAM

- The CIT Program has the stated goal of training enough Specialized CIT Officers so that one is available to handle every Mental Health/Crisis Call dispatched in the City of Cleveland.

- Until we have enough Specialized CIT Officers to handle all of these calls, we will continue to dispatch CIT Officers (Trained under our previous CIT Training) to as many crisis calls as possible.

- During this time the preference for dispatching to crisis calls will be as follows.

1. **Specialized CIT Officer**
2. **CIT Officer**
3. **Non CIT Officer**

- Supervisors will have to mark the Lineup Sheets sent to Dispatch and indicate "Specialized CIT" and "CIT" trained officers.

ICE BREAKER ACTIVITY

- Using one word, how would you describe the role of a Telecommunicator?
- Why do people call?
- What are they asking for?

DEFINITION OF CRISIS

A crisis can involve an individual's perception or experience of an event or situation as an intolerable difficulty that exceeds the individual's current resources and coping mechanisms and may include unusual stress in their life that renders them unable to function as they normally would, which may make them a danger to self or others.

Source: CIT Policy

MENTAL ILLNESS: THE FACTS

- One in five people suffer from Mental Illness
- It can occur at any age
- It's not directly related to income, race, socio-economic status, region, etc.
- It can be treated but not cured
- It can be a frequent cause of disability, poverty, crime and early death

Source: Source: National Alliance on Mental Illness (NAMI)
www.nami.org

Mental Illness is a Loss

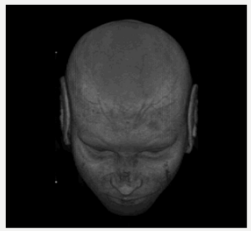
LOSS MODEL: PROFILES OF PEOPLE IN CRISIS

Four categories within the Loss Model

- Loss of Reality
- Loss of Hope
- Loss of Control
- Loss of Perspective

Source: Ohio Peace Officer Training Academy 2016

OBSERVABLE CHARACTERISTICS



Loss of Reality
Schizophrenia
Dementia
Drug-Induced Psychosis
Other Psychotic Disorders

Loss of Control
Manic Stages of
Bi-polar
Borderline PD
Oppositional DD
Anti-Social PD
Impulse Control Disorders

Loss of Hope
Depression
Depressive stages of Bi-polar
Adjustment Disorders

Loss of Perspective
Anxiety and Panic Disorders
Obsessive Compulsive Disorder
Post-Traumatic Stress Disorder

Source: Ohio Peace Officer Training Academy, 2016

LOSS MODEL: LOSS OF REALITY

Profile description

- The person may be frightened, confused, and have difficulty concentrating or communicating
- The person may appear to be experiencing delusions or hallucination
- Inability to focus
- Disorganized thinking

Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF REALITY

- Delusion is a false fixed belief held by that person
- Hallucination is a sensory deficit in which the person may "see things that are not there";"hear voices";"tactical-feels like things are crawling on them";"olfactory-smells things that are not there"

Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF REALITY

De-escalation goal and communication tactics

- Neither validate **or** deny the existence of what the person is experiencing
- Instead, defer the issue of a person's delusions by acknowledging how the person's view of the situation must make him/her feel

Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF REALITY

- Cut through the fear and confusion and get the person to voluntarily comply with your request

- If the person is experiencing "command voices," it is especially important for officer safety that you be aware that the "voices" may be telling the person to do something. Try to understand by asking, "Are you hearing voices?" and if their response is "Yes," then ask, "What are they telling you?"

Source: Ohio Peace Officer Training Academy 2016

VIDEO: MINDSTORM

https://www.youtube.com/watch?v=W7Ptt5XIV74

Video Source: Janssen

LOSS MODEL: LOSS OF HOPE

Profile description

- The person may be emotional, very withdrawn, fatigued, feeling overwhelmed, crying, in despair, or presenting suicidal talk or gestures

- He/she may have strong feelings of being helpless, hopeless, and worthless; he/she may have experienced a recent loss

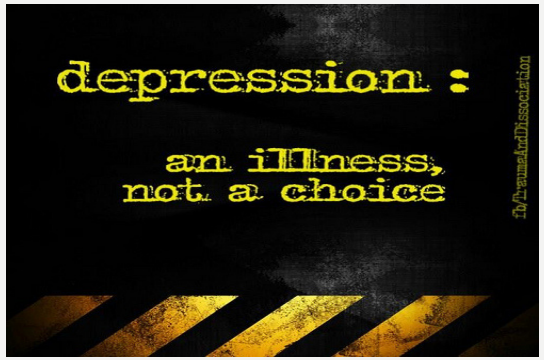
Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF HOPE

De-escalation goal and communication tactics

- Instill some hope within the encounter so that the person can be persuaded to talk to someone or seek help

- You should be prepared to address thoughts of suicide



Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF CONTROL

Profile description

- This person may be angry, irritable, or hostile
- Can present himself/herself as a victim and he/she does not feel listened to
- May be manipulative, impulsive, destructive, or argumentative
- A person on the phone may sound as if they are out of control as part of the fight vs flight response to stress

Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF CONTROL

De-escalation goal and communication tactics

- Remain professional; do not take what he/she says personally
- Attempt to calm the person by letting him/her vent; use active listening skills
- Try to identify the source of the person's anger; acknowledge the emotion and give a directive

Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF PERSPECTIVE

Profile description

- This person is anxious, worried, or nervous, which can escalate to feeling panicked
- Physical symptoms include trembling, shaking, chest pain, and/or discomfort
- The person could also seem overly energetic or be displaying extreme highs and lows (i.e., mood swings) during the encounter

Source: Ohio Peace Officer Training Academy 2016

LOSS MODEL: LOSS OF PERSPECTIVE

De-escalation goal and communication tactics

- Bring the person's energy down
- Calm the person's anxiety through empathy and patience; oftentimes using a soft and calm tone encourages individuals to mirror your tone

Source: Ohio Peace Officer Training Academy 2016

SUBSTANCE USE DISORDERS TRUE OR FALSE

True or False…

1) Substance use is considered a brain disorder.
2) Substance use is preventable and treatable.
3) 40 million Americans ages 12 and older abuse or are addicted to nicotine, alcohol or other drugs. More than the numbers of Americans with heart conditions, diabetes, and cancer.

SUBSTANCE USE DISORDER

- Development of chronic pattern of use
- Inability to function without the drug and/or alcohol
- Greater tolerance to the drug and/or alcohol
- Impacts quality of life with family, friends and others
- Subject to overdose due to continued abuse

Source: Substance Abuse and Mental Health Services Administration
www.samhsa.gov

DUAL DISORDERS

Mental Illness +

- Alcohol abuse
- Drug abuse
- Developmental Disability

According to a 2014 National Survey on Drug Use and Health, 7.9 million people in the U.S. experience both a mental disorder and substance use disorder simultaneously. More than half of those people – 4.1 million to be exact are men.

Source: Source: National Alliance on Mental Illness (NAMI)
www.nami.org

CHILDREN'S MENTAL HEALTH TRUE OR FALSE

True or False…

1) 10% of youth ages 13-18 live with a mental health condition.
2) 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
3) Trying to harm or kill oneself, out-of-control/risk-taking behaviors and severe mood swings are all warning signs of mental illness.

Source: Source: National Alliance on Mental Illness (NAMI)
www.nami.org

WHAT DO PEOPLE WANT WHEN CALLING ABOUT CHILDREN?

- Children in crisis
- Mental health issues
- Suicide ideation and attempts

CHILDREN'S MENTAL HEALTH ISSUES

- Age of onset of diagnosis is about 12 years old
- Chronic behavior problems at school and home
- Mimics adult diagnosis but at a different level
- Running away from home, substance abuse, isolation, domestic issues at home, etc.

Source: Source: National Alliance on Mental Illness (NAMI)
www.nami.org

COMMUNICATION AND ACTIVE LISTENING: GAME OF THE TELEPHONE

- Need four volunteers
- Staff will take the first person out of the room and whisper the story
- Each person is going to whisper the message in the other person's ear
- Last person will announce to the group the message.
- What happens when we transmit information?
- How does communication break down?

WHAT IS ACTIVE LISTENING?

Active Listening is a communication technique that a listener uses to show the speaker they are engaged and attentive to what they are saying. It requires more listening than talking. The goal is to truly understand the speaker's perspective and communicate that understanding back to them to confirm accuracy.

> ***"Most people do not listen with the intent to understand; they listen with the intent to reply. Seek first to understand."***
>
> ***Stephen R. Covey***

ACTIVE LISTENING SKILLS

- Paraphrasing
- Emotional Labeling
- Reflecting or Mirroring
- Effective Pauses and Silence
- Minimal Encouragers
- "I" Messages
- Open-ended questions
- Summarizing

ACTIVE LISTENING SKILLS

PARAPHRASING

- Rephrasing/restating the speaker's statement in your own words

"What I'm hearing is…"

"Sounds like you are saying…"

"If I'm hearing you correctly…"

EMOTIONAL LABELING

- Statement of emotions heard

"You sound angry..."

"You seem hurt…"

"You sound frustrated…"

ACTIVE LISTENING SKILLS

Reflecting or Mirroring

- Repeating back the speaker's last few words

Speaker:"She doesn't pay attention to what I say to her and it makes me angry."

You:" It makes you angry."

ACTIVE LISTENING SKILLS

Effective Pauses & Silence

- Help focus thought and interaction
- Immediately before or after saying something meaningful
- Can also be an appropriate response to anger
- Allow for comfortable silences to slow down the interaction

- **Learn to "WAIT"**
- **Why Am I Talking**

ACTIVE LISTENING SKILLS

Minimal Encouragers

- Brief responses that indicate you're present
- They can be verbal or non-verbal

"Uh-huh" "Yeah.."
"Really?" "Oh?"

"I" Messages

- "I" statements puts ownership on listener
- You assign feelings to yourself rather than speaker

"I feel frustrated when you yell at me because it stops me from listening to you."

ACTIVE LISTENING SKILLS

Open-ended Questions

- Questions that require more than a "yes" or a "no" answer

"What…?"

"How…?"

"When…?"

"What happened today?"

Summarizing

- Retelling the story or part of the story in your own words

"Ok, so what you have told me so far is this…and as a result, you feel…Do I understand you correctly?"

BARRIERS TO ACTIVE LISTENING

- Arguing
- Patronizing
- Interrupting
- Judgmental
- Listening to respond
- Distractions
- Impatient

TONE

it's not what you say. but how you say it..

https://youtu.be/SSVEh1GQ9FE

EMPATHY

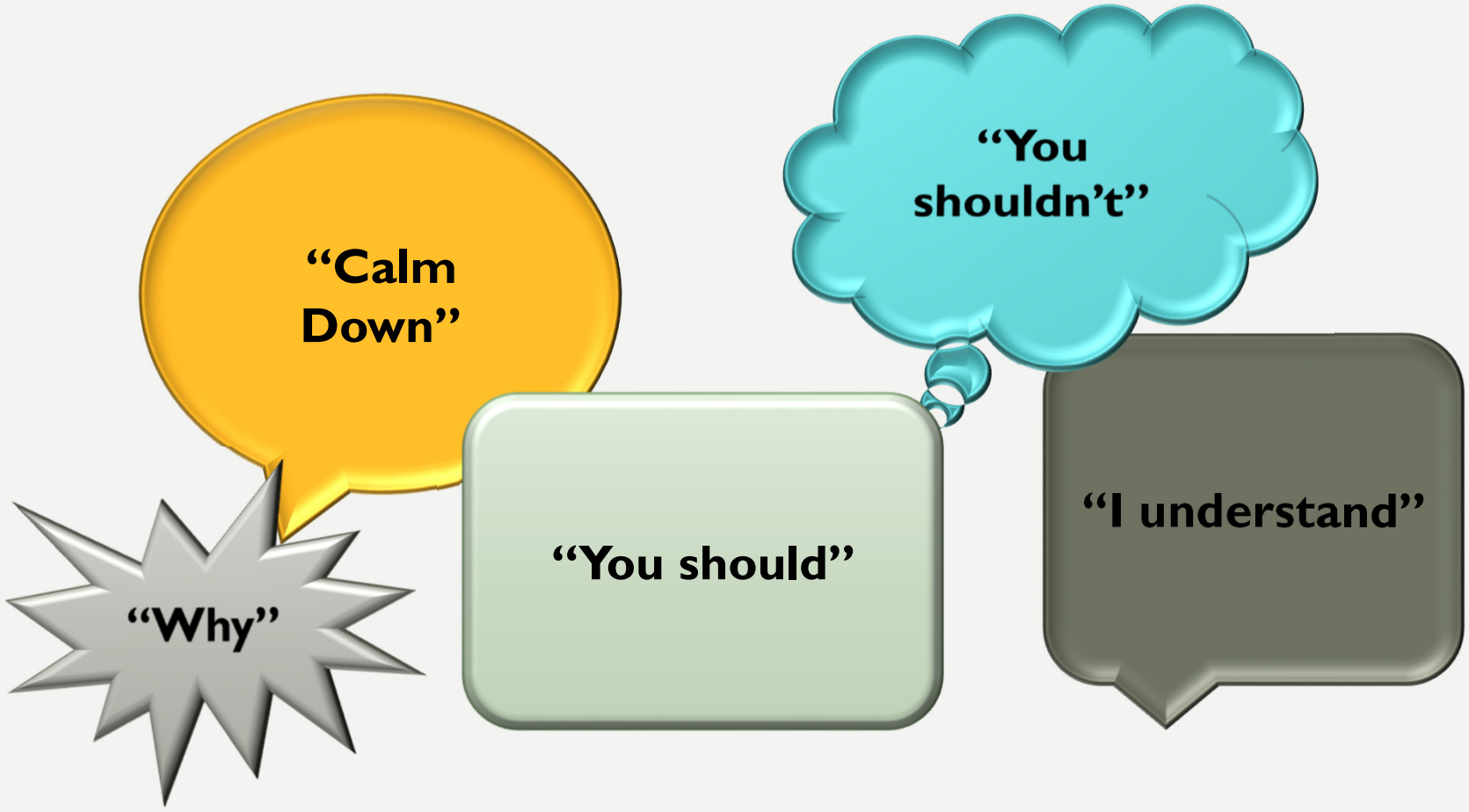
- Empathy is the ability to understand another person from their frame of reference. To see their situation through their eyes
- Empathy does not mean that you have to agree with the other person but understand

https://www.youtube.com/watch?v=7hFAv8z8xmw

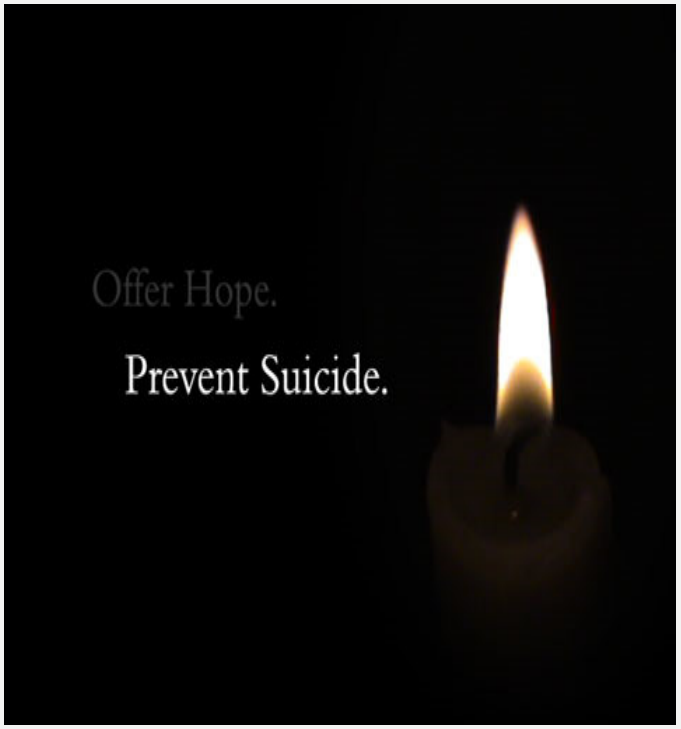
ADDITIONAL PHRASES TO USE

- How can we help you
- That must be difficult to …
- We will try to work with you to resolve the problem
- Please clarify
- Is there anyone else there to assist you with this call
- I need you to help me help you

PHRASES TO AVOID



SUICIDE PREVENTION



SUICIDE PREVENTION: THE FACTS

- Suicide is the tenth leading cause of death
- Suicide is the second leading cause among people ages 14 to 35
- Suicide is considered a public health problem.
- Military service is also a factor as 20 veterans commit suicide every day
- Ohio mirrors the nation in that men are far more likely to commit suicide than women
- Vast majority is between the ages of 45 to 54 years old

Source: Ohio Suicide Prevention Foundation

SUICIDE MYTHS AND FACTS

Myth: No one can stop a suicide, it is inevitable.

Fact: If people in a crisis get the help they need, they will probably never be suicidal again.

Myth: Confronting a person about suicide will only make them angry and increase the risk of suicide.

Fact: Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

Myth: Only experts can prevent suicide.

Fact: Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.

Source: Question, Persuade, Refer Institute (QPR)

SUICIDE MYTHS AND FACTS

Myth: Suicidal people keep their plans to themselves.

Fact: Most suicidal people communicate their intent sometime during the week preceding their attempt.

Myth: Those who talk about suicide don't do it.

Fact: People who talk about suicide may try, or even complete, as an act of self-destruction.

Myth: Once a person decides to complete suicide, there is nothing anyone can do to stop them.

Fact: Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question…

Source: Question, Persuade, Refer Institute (QPR)

SUICIDAL CALLERS

- Be Yourself
- The right words are not important. Your concern will show through in you voice and manner
- Listen! Let the person ventilate anger, frustration, etc. even though the call may seem negative, the person has reached out for help and that is a positive sign
- Be empathetic
- No judgments
- Remain calm

THE L.A.S.T. MODEL: SUICIDE PREVENTION

Lethality: What is the chosen method?

Access: Availability of chosen method-does the person have access to the means to harm himself?

Specificity of the plan: specific details about time, method, vs vague ideas

Timing: When would you do it?

Source: Ohio Police Training Academy 2016

https://www.youtube.com/watch?v=JzkE40URetI

SUICIDE PREVENTION: ROLE PLAY

- Need two volunteers-one the caller the other the operator
- Seated back to back
- Scenario to play out in front of the staff
- Feedback and comments-what could have been asked, said, etc.
- Empathy vs sympathy-what's the difference?

SUICIDAL CALLERS: DO'S

- Remain calm
- Help define the problem
- Rephrase thoughts
- Focus on central issues
- Emphasize temporary nature of the problem
- Explore resources
- Get help during the call
- Debrief afterwards

SUICIDAL CALLERS: DON'TS

- Don't sound shocked
- Don't offer empty promises
- Don't debate morality

- Don't get side tracked on extraneous or external issues
- Don't debate whether suicide is right or wrong
- Don't take it personally. No self blame.

WHAT IS TRAUMA?

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Source: Substance Abuse and Mental Health Services Administration
www.samhsa.gov

VICARIOUS TRAUMA

Vicarious Trauma is an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence.

Source: Office for Victims of Crime

SELF-CARE…WHAT IS IT?

Self-Care is the ability to maintain physical, emotional, relational, and spiritual health in times of stress.

Source: Substance Abuse and Mental Health Services Administration
www.samhsa.gov

STRATEGIES FOR SELF-CARE

- Recognize when you need help and get it
- Talk about your concerns with someone
- Find stress relief activities away from work
- Renew the four dimensions of your nature
  - ❖Physical, Spiritual, Mental, Social/Emotional
- Seek professional help when needed


just
breathe


VACATION

INTERNAL RESOURCES

- Role of peers-informal peer support network within the workplace
- Employee Assistance Program-City of Cleveland
- Ohio Assist Program-statewide resource

COMMUNITY RESOURCES

The ADAMHS Board provides funding for services through Frontline Services:

- 24-Hour Suicide Prevention
- Mental Health & Addiction Crisis/Information & Referral Line for Adults & Children, operated by Frontline Service, Inc.

216-623-6888

- Mobile Crisis Team is available to talk with the community about resources for help
- District Resource Cards

SUMMARY

- Role of the Crisis Intervention Team Officer
- Definition of crisis
- Signs and symptoms of mental illness
- Active Listening Skills
- Suicide Prevention
- Vicarious Trauma and Self-Care